

Berkeley Law & Technology Group, LLC

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To: Salvatore A. Cangialosi **From:** Howard A. Skaist
Fax: 571.273.8300 **Pages:** 18
Phone: **Date:** December 19, 2005
Our Ref: 012.P1009 **CC:**

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

Please find attached for filing in connection with application no. 09/759,425, entitled SPREAD-SPECTRUM TRANSCEIVER, the following documents:

- Amendment (14 pages)
- Fee Transmittal (1 page in duplicate)
- Petition for Extension of Time (1 page)

Please disregard the previously submitted amendment that did not have the extension of time paperwork

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to the U.S. Patent and Trademark Office on:

December 19, 2005

Date of Transmission

Michelle Turner

Name of Person Transmitting Correspondence



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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032
 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no burdens are imposed to respond to a collection of information unless it receives a valid OMB control number.

| | | | |
|---|------------|---|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete If Known | |
| FEE TRANSMITTAL For FY 2005 | | Application Number 09/759,425 Filing Date 1/12/2001 First Named Inventor Bart F. Rice Examiner Name Cangialosi, S.A. Art Unit 2661 Attorney Docket No. 012.P1009 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT | (S) | 1,350.00 | |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number **50-3703** Deposit Account Name **Berkeley Law Group**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fee Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|---------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|--------------|--------------|----------|---------------|---------------------------|----------|
| | | | | Fee (\$) | Fee (\$) |
| 58 | - 20 or HP = | 19 | x 50 | = 950 | 50 25 |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|---------------|--------------|----------|---------------|---------------------------|---------------|
| | | | | Fee (\$) | Fee Paid (\$) |
| 6 | - 3 or HP = | 2 | x 200 | = 400 | 200 100 |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| | | | Fee (\$) | Fee Paid (\$) |
| - 100 = | / 50 = | (round up to a whole number) | x | = |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

| | | | |
|-------------------|-------------------------|------------------------|--|
| SUBMITTED BY | | | |
| Signature | <i>Howard A. Skalst</i> | | Registration No. (Attorney/Agent) 36,008 |
| Name (Print/Type) | Howard A. Skalst | | |
| | | Telephone 503.439.6500 | |
| | | Date 12/19/05 | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,360.00)

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 09/759,425 |
| Filing Date | 1/12/2001 |
| First Named Inventor | Bart F. Rice |
| Examiner Name | Cangiabosi, S.A. |
| Art Unit | 2661 |
| Attorney Docket No. | 012.P1009 |

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| 100 | - 100 | / 50 = | (round up to a whole number) | x _____ = _____ |

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SUBMITTED BY

| | | | | |
|-------------------|------------------|--------------------------------------|--------|------------------------|
| Signature | Howard A. Skalst | Registration No. (Attorney/Agent) | 36,008 | Telephone 503.439.6500 |
| Name (Print/Type) | Howard A. Skalst | Date 12/19/05 | | |

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